

Municipality: \_\_\_\_\_ County: \_\_\_\_\_



*Main Street New Jersey, a program of the New Jersey Department of Community Affairs, assists communities throughout the State in organizing, promoting, strengthening the economic base, and improving the appearance of their traditional downtown. Providing for economic development within the context of historic preservation, the Main Street program utilizes a blend of public and private sector participation in a comprehensive incremental approach.*

## MAIN STREET NEW JERSEY APPLICATION

Municipality: \_\_\_\_\_ Population (2000) \_\_\_\_\_ (1990) \_\_\_\_\_ (1980) \_\_\_\_\_

County: \_\_\_\_\_ Population (2000) \_\_\_\_\_ (1990) \_\_\_\_\_ (1980) \_\_\_\_\_

### SECTION A. DOWNTOWN PROFILE

Please answer the following questions about the downtown business district in your community.  
*Feel free to attach additional sheets if necessary.*

#### ORGANIZATION

1. Number of square blocks in the proposed Main Street program area. \_\_\_\_\_  
*Please attach a map, labeled **A1**, which clearly highlights the proposed district boundaries.*

2. Does your downtown have, or is it part of, a:  
*Please attach supporting documentation, if applicable.*

Special/Business Improvement District? yes \_\_\_\_\_ no \_\_\_\_\_  
*If yes, What is the assessment formula?* \_\_\_\_\_  
Who administers use of the funds? \_\_\_\_\_  
When was the district established? \_\_\_\_\_  
Will these funds assist the Main Street program? yes \_\_\_\_\_ no \_\_\_\_\_

Urban Enterprise Zone? yes \_\_\_\_\_ no \_\_\_\_\_  
*If yes, When was the zone established?* \_\_\_\_\_  
Will these funds assist the Main Street program? yes \_\_\_\_\_ no \_\_\_\_\_

NPP (Neighborhood Preservation Program)? yes \_\_\_\_\_ no \_\_\_\_\_  
*If yes, does the NPP area overlap the downtown?* yes \_\_\_\_\_ no \_\_\_\_\_

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*Please highlight on map, item AO.*

Small Cities/CDBG Program? yes \_\_\_\_\_ no \_\_\_\_\_

NJ DOT Transit Village? yes \_\_\_\_\_ no \_\_\_\_\_

*If yes, please highlight on map, item AO.*

NJ DCA Smart Growth assistance? yes \_\_\_\_\_ no \_\_\_\_\_

*If yes, please explain.*

NJ DCA Historic Trust assistance? yes \_\_\_\_\_ no \_\_\_\_\_

*If yes, please explain.*

3. Is there an organized group dealing with downtown revitalization? yes \_\_\_\_\_ no \_\_\_\_\_

*If yes, what is the name of the organization?* \_\_\_\_\_

Does the organization have 501(c)3 tax status? yes \_\_\_\_\_ no \_\_\_\_\_

Is it affiliated with any other organization (i.e. Chamber of Commerce)? yes \_\_\_\_\_ no \_\_\_\_\_

Is it the intention to use it to facilitate the proposed Main Street? yes \_\_\_\_\_ no \_\_\_\_\_

*Briefly describe the structure of the organization:*

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4. Does your downtown have a manager or other paid staff position(s)? yes \_\_\_\_\_ no \_\_\_\_\_

*If yes, is the position: please circle one: full-time part-time*

*If yes, name of staff person & title:* \_\_\_\_\_

5. Does your downtown have a Chamber of Commerce? yes \_\_\_\_\_ no \_\_\_\_\_

*If yes, size of membership \_\_\_\_\_ local? \_\_\_\_\_ area? \_\_\_\_\_ budget expenditures \$ \_\_\_\_\_*

6. Does your downtown have a merchant/business/professional association? yes \_\_\_\_\_ no \_\_\_\_\_

*If yes, size of membership \_\_\_\_\_ budget expenditures \$ \_\_\_\_\_*

## **ECONOMIC RESTRUCTURING**

7. Does the community have a marked seasonal population fluctuation due to tourism, seasonal residency, educational facilities, etc? yes \_\_\_\_\_ no \_\_\_\_\_

*If yes, define fluctuation:*

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8. Number of commercial/mixed use buildings in the program area. \_\_\_\_\_  
What percentage of these buildings do absentee (out-of-town) landlords control? \_\_\_\_\_ %  
What percentage of these buildings is vacant on the first floor only? \_\_\_\_\_ %  
What percentage of these buildings is vacant on upper floors only? \_\_\_\_\_ %  
What percentage of these buildings is completely vacant? \_\_\_\_\_ %
9. Estimated average rent for commercial space in program area \$ \_\_\_\_\_ (per sq.ft./per month).
10. Total number of businesses in the program area: \_\_\_\_\_  
(Include retail, service and professional; do not include government and non-profit institutional.)

11. Number of retail, service and professional businesses in the program area devoted to:

antique	_____	jewelry	_____
apparel	_____	laundry	_____
auto dealerships	_____	legal	_____
bars/lounges	_____	medical	_____
book store	_____	media	_____
department stores	_____	misc. office	_____
dry cleaners	_____	pharmacy	_____
financial institutions	_____	real estate	_____
florist	_____	recreation	_____
furniture/appliances	_____	restaurant/fast food	_____/_____
gift/card	_____	shoe/shoe repair	_____
grocery	_____	tax/accounting	_____
hair salon	_____	theater/movie	_____
hardware	_____	other (specify)	_____
hotel/motel	_____	_____	_____
insurance	_____	_____	_____

12. Hours of operation for businesses in the district:

	Weekday hours	Weekend hours
Retail	_____	_____
Restaurant	_____	_____
Service/Professional	_____	_____

13. Number of local strip shopping centers in the municipality: \_\_\_\_\_ Proximity to the district: \_\_\_\_\_

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**14.** For nearest regional shopping mall(s) and big box discount shopping centers, please include:

<u>Name</u>	<u>How Close</u>	<u>Total sq.ft/retail</u>	<u>Anchor Tenants</u>	<u>Vacancy Rate</u>
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**15.** How many residential units are there in the proposed program area? (including single family, apartments, multi-family, etc..) \_\_\_\_\_

Of these, How many are residential-only buildings? \_\_\_\_\_

Of these, How many are mixed use buildings? \_\_\_\_\_

**16.** Number of government/public buildings in the program area by the following categories:

school(s) \_\_\_\_\_ city \_\_\_\_\_ county \_\_\_\_\_ state \_\_\_\_\_ federal \_\_\_\_\_ other \_\_\_\_\_

**17.** Number of commercial financial institutions in the **municipality**. \_\_\_\_\_

**18.** List the five (5) largest employers in the municipality:

Name of Employer

Product/Service

Number of Employees

## DESIGN

**19.** In general, how would you describe the condition of the buildings in the proposed Main Street District? *Please attach additional sheets if necessary.*

**Please enclose up to 25 photographs (prints or digital reproductions) of your downtown streetscape in plastic photo binder sheets in an envelope labeled A18. Each photo should have a brief identifying caption. Please include photos that show both strengths and weaknesses of the downtown.**

**20.** Please explain the transportation system in your downtown (mention major roads, public transportation, and how pedestrian and bike traffic is accommodated). How do people move in

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and out of your downtown? Discuss daily or seasonal changes in traffic. Have there been any recent transportation enhancements? Are any planned?

21. Number of metered parking spaces in the program area: On Street \_\_\_\_\_ Off Street \_\_\_\_\_  
Number of un-metered parking spaces: On Street \_\_\_\_\_ Off Street \_\_\_\_\_

22. Does your proposed Main Street district have parks or other open space? yes \_\_\_\_\_ no \_\_\_\_\_  
If yes, please describe:

23. Is safety/crime a concern in the downtown area? yes \_\_\_\_\_ no \_\_\_\_\_ If yes, please explain:

### PROMOTION

24. Has your downtown produced any promotional literature, brochures, flyers? yes \_\_\_\_\_ no \_\_\_\_\_  
If yes, please attach samples as **A23** If applicable, please attach an Events Calendar.

25. Is tourism and/or heritage tourism an economic factor in the community? yes \_\_\_\_\_ no \_\_\_\_\_  
Do these attractions bring visitors into the downtown? yes \_\_\_\_\_ no \_\_\_\_\_  
Please describe:

26. List any major resorts or attractions in or near your community.

### GENERAL

27. As **A27**, please attach a description of any previous downtown revitalization or community development efforts. Please be as thorough as possible, including dates, a summary of the project and a description of the outcomes and results. Please include any relevant collaterals.

28. As **A28**, please attach a statement identifying strengths *and* weaknesses of your downtown. Ideally the statement should be a consensus reflecting the views of a number of community leaders/stakeholders. Please indicate who was involved in developing the consensus.

29. Municipality median income: (2000) \_\_\_\_\_ (1990) \_\_\_\_\_ (1980) \_\_\_\_\_

30. Municipality unemployment rate (2000) \_\_\_\_\_ (1990) \_\_\_\_\_ (1980) \_\_\_\_\_

31. Geographic size of municipality \_\_\_\_\_ square miles.  
Approximate size of downtown district: \_\_\_\_\_ acres

32. Your community's New Jersey Legislative District # \_\_\_\_\_

NJ State Senator \_\_\_\_\_

NJ State Assemblypersons \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## SECTION B. COMMUNITY COMMITMENT

What is your municipality's form of local government? \_\_\_\_\_

Main Street New Jersey, a program of the New Jersey Department of Community Affairs, is a local capacity-building, self-help program. Participation requires a significant commitment of time and human resources, as well as financial resources, from designated Main Street communities, as outlined below. Please attach additional information and letters of support and commitment beyond to those required.

**1. COMMITMENT OF MUNICIPAL GOVERNMENT.** Downtown revitalization efforts have little chance to succeed without the enthusiastic support and partnership of local government. Please attach a letter of commitment from the mayor labeled **B1a** AND a resolution of support from the municipal council, labeled **B1b** endorsing the capacity-building purpose of the program and pledging municipal government cooperation and support for a *minimum* of three years, including a commitment to public sector funding of a percentage of the local Main Street organization's budget. (*A sample council resolution is enclosed.*)

**2. IDENTIFICATION OF MAJOR STAKEHOLDERS.** A comprehensive downtown revitalization effort requires the commitment and participation of various stakeholders in addition to downtown merchants. As **B2**, please attach letters indicating a commitment to being actively involved in, and making a financial commitment to, the downtown revitalization program from representatives of groups that include but are not limited to:

Bankers	Education officials
Downtown merchants	Civic leaders and community residents
Downtown professionals	Utility company officials
Downtown service businesses	Local industry officials
Downtown property owners	Business & property owners from outside the downtown district
Chamber of Commerce (required)	Government officials other than municipal
Local media officials	Youth/Senior representatives

**3. COMMITMENT OF KEY TEAM MEMBERS TO ORGANIZATION & MANAGEMENT.** A key component of the Main Street Approach® to downtown revitalization is the development or expansion of a downtown management organization. In addition to the letters of support from the groups of stakeholders outlined above, please include a list of 15-30 individuals from these groups (and the community in general) who would be willing to serve as officers, board members, committee chairs, committee members, or in another volunteer capacity, for such an organization. These may be members of an existing downtown organization if one is in place. Please include each individual's name, address, business affiliation (if applicable), daytime phone number, and signature. Identify the list as attachment **B3**.

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***Time commitment to training and working in a volunteer organization is essential to the success of this program in your community. Please consider this before applying. It is necessary that a broad-based segment of the community is willing to support the required time commitment in order to achieve success.***

4. What is the municipality's total annual budget? \$ \_\_\_\_\_

5. Is the municipality's mayor: full time \_\_\_\_\_ part time \_\_\_\_\_  
Mayor's name: \_\_\_\_\_ Term expiration \_\_\_\_\_

Phone number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

6. Is the municipality's manager: full time \_\_\_\_\_ part time \_\_\_\_\_ no manager \_\_\_\_\_  
Manager's name: \_\_\_\_\_  
Day phone number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

7. Does the municipality have:

Zoning ordinance? yes \_\_\_\_\_ no \_\_\_\_\_

Zoning board? yes \_\_\_\_\_ no \_\_\_\_\_

Planning board? yes \_\_\_\_\_ no \_\_\_\_\_

Combined board? yes \_\_\_\_\_ no \_\_\_\_\_

Historic Commission? yes \_\_\_\_\_ no \_\_\_\_\_

Full-time municipal planner? yes \_\_\_\_\_ no \_\_\_\_\_

Building code ordinance? yes \_\_\_\_\_ no \_\_\_\_\_

Date last revised \_\_\_\_\_

Property Maintenance Code? yes \_\_\_\_\_ no \_\_\_\_\_

Building inspector? yes \_\_\_\_\_ no \_\_\_\_\_

Hours per week? \_\_\_\_\_

Sign control ordinance? yes \_\_\_\_\_ no \_\_\_\_\_

Date last revised \_\_\_\_\_

Design review ordinance? yes \_\_\_\_\_ no \_\_\_\_\_

Date last revised \_\_\_\_\_

Community Dev. Staff? yes \_\_\_\_\_ no \_\_\_\_\_

Tourism commission? yes \_\_\_\_\_ no \_\_\_\_\_

Comprehensive master plan? yes \_\_\_\_\_ no \_\_\_\_\_

Date last revised \_\_\_\_\_

If yes, does it include a downtown revitalization plan? yes \_\_\_\_\_ no \_\_\_\_\_

If yes, does it include a historic preservation plan? yes \_\_\_\_\_ no \_\_\_\_\_

If yes, does it include a redevelopment zone plan? yes \_\_\_\_\_ no \_\_\_\_\_

8. Has the municipality received grants from, or participated in, federal, state or local programs (i.e. Community Development Block Grants (CDBG), Economic Development Administration (EDA), Neighborhood Preservation Program (NPP), NJ Historic Trust, etc. in the past five years, which have/had included program/project functions within the downtown?

yes \_\_\_\_\_ no \_\_\_\_\_

If yes, please list amount and explain how funds are/were used, and attach as **B8**.

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**COMMUNITY STRATEGIC REVITALIZATION EFFORTS.** A growing interest in targeting and coordinating community revitalization efforts is evident in policy initiatives expressed by the Governor and the NJ Department of Community Affairs. The State has actively promoted the principle of Smart Growth and Communities of Place as keystones of the State Plan and effectuating public investment decisions. The goal of this principle is the creation and support of identifiable, sustainable and vital communities throughout New Jersey.

Consistent with this principle, the Department is aggressively promoting neighborhood-based community revitalization strategies. Whether locally initiated or developed through the formation of state and local partnerships, DCA's neighborhood assistance programs are directed to enhancing such policies.

Another critical policy component guiding strategic revitalization efforts is the obligation of every municipality to provide its fair share of affordable housing within its jurisdiction. Such an obligation has been firmly expressed by all three branches of government and the Department is committed to assist municipalities that include affordable housing as an important component of their revitalization strategies.

**Given this background, answer the following three (3) questions. It is likely the collaboration of municipal officials will be necessary in order to implement a successful revitalization effort. Seeking their cooperation and participation is strongly advised.**

**10a.** Has the municipality applied for Plan Endorsement through the Office of Smart Growth?  
yes \_\_\_\_ no \_\_\_\_

*If yes, has Plan Endorsement been approved by the SPC?* yes \_\_\_\_ no \_\_\_\_

*If yes, what is date of Endorsement?* \_\_\_\_\_

*If yes, please attach as **B10a** a copy of Official notification and the Implementation Agenda.*

*NOTE: If your municipality is primarily or totally within the jurisdiction of the Pinelands Commission, please provide documentation regarding its classification and status from the Commission.*

*If no, are there planned efforts to achieve Plan Endorsement?* yes \_\_\_\_ no \_\_\_\_  
Please explain fully (attach additional sheets, if necessary):

**10b.** What is the status of the municipality's efforts to meet its Mount Laurel obligations as defined by the Council on Affordable Housing?

Please explain fully (attach additional sheets, if necessary):

**10c.** Have efforts been taken within the past three years to comprehensively, or otherwise, address concerns of any deteriorating neighborhood conditions or commercial district within the municipality?                                yes \_\_\_\_\_ no \_\_\_\_\_

*If yes*, how were efforts and plans put together? Who participated, and how were the neighborhoods selected? Explain how the concerns of the business community involved in this MSNJ Application relate to these efforts.

*If no*, are there any planned efforts to be undertaken in the future? In the absence of such efforts, why should the DCA consider designating a Main Street New Jersey program in the community?

Please explain fully (attach additional sheets, if necessary):

1. Is the downtown a National or State Register Historic District? yes \_\_\_\_\_ no \_\_\_\_\_  
*If yes, please list and identify boundaries on map **A1**.*
2. Is the downtown a locally designated historic district? yes \_\_\_\_\_ no \_\_\_\_\_  
*If yes, please list and identify boundaries on map **A1**.*
3. Number of historic structures listed on (or are eligible for) the National / State Register? \_\_\_\_\_  
*If yes, please list name and address of each individual building:*
4. Is/Was the municipality a Certified Local Government (CLG)? yes \_\_\_\_\_ no \_\_\_\_\_  
*If yes, when was the CLG established? \_\_\_\_\_*  
*If it was in the past, when did it cease? \_\_\_\_\_*  
*If applicable, please cite an example of how CLG grants have been used:*
5. Has an historic sites survey/inventory ever been completed? yes \_\_\_\_\_ no \_\_\_\_\_  
*If yes, please list date of completion, funding sources, and scope of survey:*

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6. What is the approximate age of the building stock in the proposed Main Street program area?

Pre -1850	_____ %	1851-1900	_____ %	1901-1925	_____ %
1926-1945	_____ %	1946-1965	_____ %	1966-present	_____ %

7. Describe the general impression derived from the downtown area; characterize its significance.

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8. Does the community have a local Historic Preservation Organization? yes \_\_\_\_\_ no \_\_\_\_\_

If yes, please list:

<u>Organization(s) Name</u>	<u>Size of Membership</u>	<u>Involvement w/ Downtown Projects</u>
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## SECTION D. FINANCIAL COMMITMENT

Main Street New Jersey, a program of the NJ Department of Community Affairs is not a grant program. Technical assistance in the areas of organization and management, problem solving, long-range planning and economic development will be provided at no charge to communities in the introductory and organizational phases of the program. Designated Main Street New Jersey communities also receive design services, small business assistance, and other advanced training services free of charge.

The communities assume ongoing programmatic expenses. As a Main Street New Jersey community, towns make a long-range commitment to establishing and funding a downtown management organization with a paid, professional, full-time executive director. Establishing and finalizing a budget, and discussing local fund-raising options and strategies will be part of the organizational phase of the program training. Attach, labeled as **D1**, a proposed four-year budget for your local Main Street organization. (*The proposed budget format is enclosed.*)

***Please understand that for this program to be successful, it requires at least a four-year commitment to sustaining an organization and conducting a local campaign to fund the program as a public-private partnership.***

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## SECTION E. POTENTIAL

1. Prioritize your community's five (5) major assets, including special characteristics.
2. Summarize the three (3) most important civic improvements recently completed in your community. How were they financed?
3. Summarize the three (3) most important civic improvements planned for your community. How will they be financed?
4. What current specific concerns within the proposed Main Street program area is the top priority of your community leadership?
5. What local public investments have been made to date to date? Please explain.
6. What is the current allocation in the Municipal Capital Budget and Capital Improvement programs for improvements in the proposed Main Street district?
7. Why does your community need a Main Street program?  
*Please attach additional sheets, if necessary.* Does your downtown have a long-range plan or is the downtown a focus of an overall community economic development plan?  
yes \_\_\_\_\_ no \_\_\_\_\_  
  
*If yes, please attach a copy, labeled as **E7**. If you do have a plan in place, how would you rate its effectiveness in terms of ongoing downtown development?*

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8. As **E8** attach a statement outlining what downtown leaders hope to accomplish if your community is designated a Main Street New Jersey community.
9. Summarize the current development and economic trends in your community. How are these developments impacting on the proposed Main Street district?
10. What is the general public attitude in your community toward the downtown? (Use survey results, town meeting results, or focus group results, if available.) Explain how improving the downtown is important to local leadership and residents.
11. List any recent or planned private investment in the downtown, including how it is financed.
12. What previous efforts have been made to attract or retain business in the proposed Main Street district?
13. Do you plan to continue a downtown management program after the initial four year period?  
yes \_\_\_\_ no \_\_\_\_  
If yes, what form would the management program take, and how would it be funded?
14. Has there ever been, or does there currently exist, any organization whose primary responsibility was/is the improvement of downtown? yes \_\_\_\_ no \_\_\_\_  
If yes, explain work accomplished and current activities. If this group no longer exists, explain why they discontinued their efforts.
15. Explain the proposed structure of the local Main Street organization (use a flow chart if necessary), including the entity to which the executive director will directly report. What will be the primary responsibility(ies) of individual board members and the board as a whole in running the Main Street program?

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**16.** What do you believe the long-term impact of the Main Street program will be on your community?

*(Please be as specific as possible.)*

**17.** How have you generated public awareness of, and involvement in, the proposed Main Street program? What methods will be used to continue generating this public support of the Main Street program?

**18.** Is a downtown director already in place at the time of submitting this application?

yes \_\_\_\_ no \_\_\_\_

*If yes, attach a current job description and resume as **E18**.*

*(It is not necessary to have a director employed to make application to Main Street New Jersey.)*

**19.** Describe the roles and responsibilities of the local Main Street Board prior to hiring a Main Street executive director (if applicable).

**20.** Describe the roles and responsibilities of the local Main Street Board after the director is/was hired.

**21.** As **E21**, please attach any additional information you wish to relate, not covered elsewhere in this application, which you believe should be considered in the evaluation of this application (i.e. retail leakage, sales trends, new construction downtown, recent private rehabilitation projects, etc.).

## **APPENDIX**

**ATTACHMENT CHECKLIST.** To make sure all the requested attachments are included with your application, please check below which items are being submitted.

_____ A1 map	_____ B1a mayor's letter	_____ D1 budget
_____ A18 photos	_____ B1b council resolution	_____ E7 community plan
_____ A23 promotions	_____ B2 letters of support	_____ E8 outcomes
_____ A27 previous efforts	_____ B3 vol. Commitment	_____ E18 job des./resume
_____ A28 strengths/weaknesses	_____ B8 government programs	_____ E21 misc.

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\_\_\_\_\_ B10a state plan

**PERSON TO CONTACT IF THERE ARE QUESTIONS ABOUT THIS APPLICATION:**

Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ / \_\_\_\_\_  
Fax Phone: \_\_\_\_\_ / \_\_\_\_\_  
E-Mail address: \_\_\_\_\_

TO FACILITATE PLANNING FOR THE EVALUATION AND SELECTION PROCESS, PLEASE SEND ONE COPY OF THE ENCLOSED **INTENT TO FILE LETTER** TO THE MAIN STREET NEW JERSEY OFFICE AS SOON AS POSSIBLE. THIS LETTER IS NOT BINDING. AN E-MAIL COPY OF THE APPLICATION WILL BE SENT TO THE CONTACT PERSON LISTED IN THE APPLICATION.

PLEASE MAIL **SEVEN (7) COMPLETED COPIES** OF THIS APPLICATION, TOGETHER WITH ALL ATTACHMENTS (ONE ORIGINAL, AND SIX (6) PHOTO COPIES (FOR THE (6) COPIES, PHOTO COPIES OF MAP AND PHOTOS ARE ACCEPTABLE) TO:

**Main Street New Jersey**  
*Office of Smart Growth*  
NJ Dept. of Community Affairs  
PO Box 204  
Trenton, New Jersey 08625-0204

**APPLICATION DEADLINE:** APPLICATIONS MUST BE RECEIVED VIA HAND DELIVERY OR CERTIFIED POSTMARK AT THE MAIN STREET NEW JERSEY OFFICE ,101 SOUTH BROAD STREET, 7<sup>TH</sup> FLOOR; TRENTON NJ;

**NOTE:** PLEASE DO NOT E-MAIL ANY MAIN STREET APPLICATION.  
**APPLICATIONS SENT ELECTRONICALLY WILL NOT BE ACCEPTED!**

APPLICATIONS WILL BE REVIEWED AND NEWLY DESIGNATED MAIN STREET NEW JERSEY COMMUNITIES ARE SCHEDULED TO BE ANNOUNCED AS THEY ARE APPROVED.

## **MAIN STREET NEW JERSEY**

**JEF R. BUEHLER**  
STATE COORDINATOR  
609.633.9769

**CAROLINE A. WOODROW**  
PROGRAM/TRAINING COORDINATOR  
609.633.7121

**JANIS GINSBURG**  
FIELD SERVICES COORDINATOR  
609.292-6831

QUESTIONS? PLEASE CONTACT MAIN STREET NEW JERSEY AT: [MSNJ@dca.state.nj.us](mailto:MSNJ@dca.state.nj.us)